KOLAR Document ID: 1373251

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Kansas Corporation Commission Oil & Gas Conservation Division

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #:				API No.	15						
Name:				Spot Description:							
Address 1:			.		Sec Tw	p S. R East West					
Address 2:					Feet from						
City:	State:	Zip: +	.	Feet from East / West Line of Section							
Contact Person:				Footages Calculated from Nearest Outside Section Corner:							
Phone: ()					NE NW	SE SW					
Type of Well: (Check one)		OG D&A Cathodic		County: Well #: Well #:							
ENHR Permit #:	Gas Sto	rage Permit #:									
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on:							
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)					
Depth to	Top: Botto	m: T.D		Plugging Commenced:							
Depth to	Top: Botto	m: T.D		Plugging Completed:							
Depth to	Top: Botto	m:T.D	'	. ragging	g completed.						
Show depth and thickness of a	all water, oil and gas forma	ations.									
Oil, Gas or Water	Records		Casing Re	Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size	Setting Depth		Pulled Out					
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If					
Plugging Contractor License #	:		Name:	ə:							
Address 1:			Address 2:	:							
City:			5	State:		Zip:+					
Phone: ()											
Name of Party Responsible for	r Plugging Fees:										
State of	County, _			, ss.							
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed					
	(Print Name)			E	imployee of Operator or	Operator on above-described well,					

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.



TREATMENT REPORT

Steller O'I Corp. Inc. Lease No.									Date 10/14/2015									
Lease Ummel	1	Well #	1.	26			1	10	0//1	1/2	017							
Field Order	# Statio	n j	0191	1,105				Casing	Dept	th	County	N	ess		State			
Type Job	242,	15	TA					•	Formation	n			Legal De	scription	1 -16s -22			
								FLUID	D USED TREATMENT RESUME									
Casing Size	Tubing S	ize	Shots/Ft				А	cid		RATE PRESS				ISIP				
Depth 680	Depth		From			То		re Pad		Max				5 Min.				
Volume 23					-	Pad			Min				10 Min.					
Max Press	Max Pres	s	From		То	Īo .		ac		Avg			15 Min.					
Well Connecti	ell Connection Annulus Vol. From		То					HHP Used			Annulus Pressure							
Plug Depth	epth Packer Depth		То				1810-	Gas Volume				Total Load						
Customer Re	presentative	hi	784			Statio	n Ma	nager Ju	Stin We	SHIMSN	Treate	r J)Sr/	n Fs	AKKA			
Service Units	92911		1581	198	43	1990	23	73762	- males									
Driver Names	Derin	mo	Crew	mcc	.ocu	Clyme)n	Dillon Clyner										
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